

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII

## LOBBYIST REGISTRATION FORM

	(Type or Prin	it Clearly)			
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
NIP	CELESTE		808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREE	ET, SUITE 401		808/533-4601		
(City)	(State)	(Zip (	Code)		
HONOLULU	HAWAII	9	96813-2453		
EMPLOYING ORGANIZATION (F	ill in only if you are employed by a business entity	y which has been retained to lobby)	TELEPHONE		
G.A. MORRIS, INC.			808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREE	ET, SUITE 401		808/533-4601		
(City)	(State)	(Zip (	Code)		
HONOLULU	HAWAII	9	6813-2453		

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	Telephone (206)409-8032	
ELI LILLY & COMPANY		
MAILING ADDRESS (Street)	FAX (206)223-5327	
603 STEWART STREET SUITE	≣ 1014	
(City)	(State)	(Zip Code)
SEATTLE	WA	98101
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMEN	TELEPHONE 808-531-4551
MELODY BUTAY DACANAY		
MAILING ADDRESS (Street)		FAX 808-533-4601
222 SOUTH VINEYARD STREE	Γ, SUITE 401	

(City) HONOLULU		(State)		(Zip Code) 96813-2453		
PAR	T III DESCRIPTION	OF SUBJECTS UPON WHIC	Н ҮО	U EXPECT TO LOBBY		
[]	Agriculture  Communications &	[ ] Education [] Government Operations & Finance	[]	Human Services Intergovernmental Relations.	[]	Science, Technology & Economic Development
[]	Public Utilities  Consumer Protection & Commerce	[ ] Hawaiian Affairs	[]	International Affairs  Labor & Employment	[]	Transportation
r 1	Culture Arte Historia	[X] Health				

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Planning, Land & Water Use Management

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Other: (indicate below)

Culture, Arts, Historic

Preservation

[ ] Ecology, Energy Environmental Protection	Housing	[ ] Public Safety & Corrections	
DART IV OFFICIOATION OF	FLADDVIAT		
PART IV CERTIFICATION OF			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.			
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZATION TO	O LOBBY		
NAME		TITLE OF AUTHORIZING OFFI	CER OR PERSON REPRESENTED
NATE MILES		MANAGER GOVERN	IMENT RELATIONS
NAME OF ORGANIZATION (if applicable	le)	1	TELEPHONE (206)409-8032
ELI LILLY & COMPANY			
MAILING ADDRESS (Street)			FAX (206)223-5327
603 STEWART STREET SUITE 1014	•		
(City)	(State)	(Zip Co	ode)
SEATTLE	WA	9810	
I hereby suthorize the spoy	∕e - named person to enga	ge in lobbying activities on b	ehalf of the undersigned.
1 Max 10	b	1/3	28/05
Signature of	f Authorizing Officer or Person F	Represented)	(Date)